## PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

**WASHINGTON OFFICE** 

**CUSTOMER NUMBER** 

23373 SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

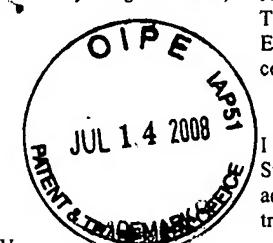
APPLICATION N	NO. FILING	FILING DATE FIRS		ST NAMED INVENTOR		ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/576,753 04/21/2006		Junichi KOBAYASHI			Q942	Q94259		6071			
TITLE OF INVENTIO	N: AMINO ALCOI	HOL DERIVATI	VES, MEDICINA	AL COMPOS	SITION CON	NTAINING THE S	AME, AND U	JSE OF T	HESE		
APPLN. TYPE	SMALL ENTITY			PUBLICATION FEE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1440.00	\$3	\$300.00		\$0.00		.00	07/17/2	2008	
	EXAMINER				CLASS-SUBCLASS						
Brian J DAVIS				1621 564		3-337000					
I. Change of correspon	dence address or ind	ication of "Fee Ac	ldress" (37 CFR 1	.363 2. Fo	or printing on	the patent front pa	age list	1 Sugl	nrue Mion, PI	LLC	
☐ Change of correspond PTO/SB/122) attached		hange of Correspo	ondence Address	, , , , , , , , , , , , , , , , , , ,		of up to 3 regist ts OR, alternativel	•	2			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/S 03-02 or more recent) ATTACHED. Use of a Customer Number is requ				ired. member a registered attorney or agent) and the 3							
		names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be									
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE P	RINTED ON TH	print E PATENT (		)					
recordation as set forth (A) NAME OF ASSIG KISSEI PHARMACE Please check the appro	NEE (B) RESI UTICAL CO., LTD.	DENCE: (CITY a	and STATE OR Cano, Japan	COUNTRY)			on or other pri	ivate grou	entity 🗆 Go	vernment	
4a. The following fee(s	s) are submitted:		4b. I	Payment of F	ee(s): (Pleas	e first reapply an	y previousły <sub>l</sub>	paid issue	fee shown al	oove)	
☑ Issue Fee			□ A	☐ A check is enclosed.							
☑ Publication Fee (No small entity discount permitted)			□ P	☐ Payment by credit card. Form 1310-2038 is attached.							
☐ Advance Order - # of Copies				☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
		☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.									
5. Change in Entity Sta	atus (from status indi	cated above)	-	A. A. Bernson				200000			
☐ a. Applicant claims	SMALL ENTITY st	atus. See 37 CFR	1.27. □ b	Applicant is	no longer c	laiming SMALL E	NTITY status	. See 37 C	FR 1.27(g)(2)	).	
The Director of the US	-	• • •		•		· · · · · ·					
NOTE: The Issue Fee party in interest as sho	and Publication Fee wn by the records of	(iffrequired) will the United States	not be accepted fi Patent and Irade	om anyone o mark Office	other than the	e applicant; a regis	tered attorney	or agent;	or the assigne	e or other	
Authorized Signature		M	to O	Date			July 1	4, 2008			
Typed or Printed Name	e	Peter D. Olexy		Regi	stration No.	07/15/20	24,513 BB AWONDAF2	3 2 000000	2 194880	1057675	
Modified PTOL-85 (R	ev. 08/07) Approved	for use through (	08/31/2010.			01 FC:15 02 FC:15		149.69 Di 300.80 Di	_		

## PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

washington office 23373

CUSTOMER NUMBER



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

APPLICATION N	IO. FILIN	FILING DATE FIRE		T NAMED INVENTOR		ATTORNEY D	OCKET NO.	CONFIRMATION NO.				
10/576,753	04/2	04/21/2006 J		unichi KOBAYASHI		Q942	259	6071				
TITLE OF INVENTION: AMINO ALCOHOL DERIVATIVES, MEDICINAL COMPOSITION CONTAINING THE SAME, AND USE OF THESE												
APPLN. TYPE	SMALL ENTITY			PUBLICATI FEE	ION PREV.	PAID ISSUE FEE	TOTAL FEE	S) Da	DATE DUE			
nonprovisional	NO	\$1440.	00	\$300.00		\$0.00	\$1,740.00	07/17/2008				
EXAMINER			ART UNI	T CLAS	SS-SUBCLASS							
Brian J DAVIS				1621	5	64-337000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363   2. For printing on the patent front page list   1   Sughrue Mion, PLLC									on, PLLC			
☐ Change of corresponents PTO/SB/122) attached	Address form	n (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2										
☐ "Fee Address" indicates of the control of the co												
,	names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.											
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)												
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.												
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
KISSEI PHARMACE	JTICAL CO., LTD.	N	agano, Japar	n					•			
Please check the appro	priate assignee categ	ory or categoric	es (will not l									
4a. The following fee(s) are submitted:			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
☑ Issue Fee			☐ A check is enclosed.									
☑ Publication Fee (No	small entity discour	nt permitted)		☐ Payment by credit card. Form 1310-2038 is attached.								
☐ Advance Order - # of Copies					☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
☑ The USPTO is directed and authorized to charge all required fees to Deposit Account. 19-4880. Please also credit any overpayments to said Deposit Account.								it Account No.				
5. Change in Entity Sta	ntus (from status indi	cated above)										
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).												
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.												
NOTE: The Issue Fee and Publication Fee (iffrequired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patcht and Trademark Office.												
Authorized Signature		M	M	W.	Date		July 14, 2	008				
Typed or Printed Name	e	Peter D. Olexy			Registration N	0.	24,513					